## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is

## METHOD AND SYSTEM FOR CREATION OF AN INTEGRATED MEDICAL RECORD VIA A COMMUNICATIONS COMPUTER NETWORK

the specification	on of which				
(check one)	X	is attached he	ereto.		
•		was filed on	as	\$	
			Serial No,		
		and was ame	nded on		<b>.</b> *
			(if applicable		
I hereb	y state that I h	nave reviewed	and understand the con	itents of the	above
identified spec	ification, incl	uding the clain	ns, as amended by any	amendment	referred to
above.					
			information which is r		
examination o	f this applicat	ion in accordar	ace with Title 37, Code	of Federal	Regulations,
§1,56(a).					
I hereb	y claim foreig	gn priority bene	efits under Title 35, Ur	nited States (	Code, §119
of any foreign	application(s	) for patent or i	nventor's certificate li	sted below a	and have also
identified belo	w any foreign	n application fo	r patent or inventor's	certificate ha	iving a filing
date before tha	at of the appli	cation on which	n priority is claimed:	N/A.	
Prior Foreign	Application(s	):		Priority (	Claimed
(Number)		(Country)	(Day/Month/Year F	iled) Yes	No
(Number)		(Country)	(Day/Month/Year	Filed) Yes	No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

60/199,412	April 24, 2000
Application Number	Filing Date

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1,56(a).which occurred between the filing date of the prior application and the national or PCT international filing date of this application: N/A

(Serial No.)	(Filing Date)	(Status)

I do hereby appoint Paul M. Denk, Patent Office registration No. 22,598, with offices at 763 South New Ballas Road, St. Louis, Missouri 63141, Tel. No. (314) 872-8136, as my attorney and agent with full power of substitution and revocation, to prosecute the application above set forth, and to transact all business in the United States Patent and Trademark Office in connection therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Applicant or Patentee: John B. Costello	<b>— 1</b> .
Serial or Patent No.	Docket
Filed or Issued:	No 7152
For: "Method and System for Creation of an Integrated	d Medical Record V1a
a Communications Computer Network".	
VERIFIED STATEMENT (DECLARATION) CLAIMING (37 CFR 1.9 (f) and 1.27 (b) ) - INDEPENDE	G SMALL ENTITY STATUS INT INVENTOR
As a below named inventor, I hereby declare that I qualify a defined in 37 CFR 1.9(c) for purposes of paying reduced fee of Title 35, United States Code, to the Patent and Trademar invention entitled:	es under Section 41(a) and (b)
"Method and System for Creation of an Integrated Me	dical Record Via
a Communications Computer Network".	
described in  (x) the specification filed herewith  () application Serial No, filed  () Patent No, issued  I have not assigned, granted, conveyed, or licensed and am contract or law to assign, grant, convey or license, any right person who could not be classified as an independent invented person had made the invention, or to any concern which we business concern under 37 CFR 1.9(d) or a nonprofit organ	under no obligation under ts in the invention to any ator under 37 CFR 1.9(c) if that ould not qualify as a small dization under 37 CFR 1.9(e).
Each person, concern or organization to which I have assig licensed or am under an obligation under contract or law to license any rights in the invention is listed below:  ( ) no such person, concern, or organization.  ( ) persons, concerns or organizations listed below?	assign, grant, convey, or
*NOTE: Separate verified statements are required from ear organization having rights to the invention averring to their CFR 1.27).	ich named person, concern or r status as small entities. (37
FULL NAME	
ADDRESS( ) INDIVIDUAL ( ) SMALL BUSINESS CONCERN	( )NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

	Name of Inventor
Signature of Inventor	Signature of Inventor
Data	Date
	Signature of Inventor  Date

Full name of sole inventor:	John B. Costello
Inventor's signature:	Joseph J.
Date: Residence:	County of St. Louis State of Missouri
Citizenship: Post Office Address:	U.S.A. #40 Chesterfield Lakes Chesterfield, Missouri 63005

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